APPLICATION FOR USE OF THE ELLISON BAY COMMUNITY CENTER

NAME OF GRO	UP OR PERSON		
DATE OF USE_			
TYPE OF BENE	EFIT		
BEGIN AT	AM / PM END AT	AM / PM	
SIZE OF GROU	P		
PERSON MAK	ING RESERVATION AND ACCEP	TING RESPONSIBILITY FO	R CLEANUP:
NAME			
ADDRESS			
PHONE NUMB	ER		
NAME OF CAT	ERERPI	HONE NUMBER	
FEE SCHEDUI	LE (per event):		
	IT WILL BE COLLECTED AND IS THE BUILDING AND GROUNDS.	REFUNDABLE UPON SATIS	SFACTORY
RESIDENT/ NO	T/ACTIVITY FOR PROFIT (1 ST DAY N-PROFIT 501(c) LG COMMUNITY PF TENT ON GROUNDS	GROUP (1 ST DAY)	\$500.00 \$250.00 \$200.00
	SAME ACTICITY NON-RESIDENT/LG 50 (all fees are in additional contents)	01(C) GROUP	\$250.00 \$125.00
done while this g	he facility in the same condition as it w group is using the facility. We also agr use of the building by our group and	<u>ee to pay for any extra cleanin</u>	g that may be
is \$65.00 per ho Town Chairman groups or person	ur. We understand that accidents or pr upon leaving the building, and that future s who do not observe these procedures. The to abide by their provisions including	oblems must be reported to the Ture use of the building may be properties. We have read the enclosed rule	Fown Clerk or cohibited to any es for use of the
SIGNED BY	(person making reservation)	DATE	
	(Town Official)		
RETURN TO:	TOWN OF LIBERTY GROVE 11161 OLD STAGE RD SISTER BAY, WI 54234		